

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000677

AMENDED

Registration District No. 55 Primary Registration District No. 5206 Registrar's No. 8

STATE FILE NUMBER

FILED JAN 22 1962

1. PLACE OF DEATH

a. COUNTY

CARROLLb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN FAIRFIELD TWP.Length of stay in lb
Few Hours.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION FIELDInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY RAYc. CITY
OR TOWN HARDINInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EDMUND RAYMOND WOLFE

4. DATE OF DEATH

Month

Day

Year

JAN. 13, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/12/21

9. AGE (last birthday)

41IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

EMPLOYEE REMINGTON ARMS CO.

10b. KIND OF BUSINESS OR INDUSTRY

LAKE CITY ARSENAL

11. BIRTHPLACE (City and state or country)

HARDIN, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

EDWARD L. WOLFE

13b. MOTHER'S MAIDEN NAME

ADDIE P. WEDDLE

14. NAME OF HUSBAND OR WIFE

MAXINE WOLFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YesW.W.I.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MAXINE WOLFE - HARDIN, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute (Colonial) ThrombosisINTERVAL BETWEEN ONSET AND DEATH
5 MIN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cholera from food (Veget)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3:00 PM Courtesy Call and last saw her alive on 1-14-62
Death occurred at 3:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Courtesy L. Smith

22b. ADDRESS

1079 1/2 St. Carrollton, Mo.

22c. DATE SIGNED

1-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

1-16-62

23c. NAME OF CEMETERY OR CREMATORY

HARDIN Cem.

23d. LOCATION (City, town, or county)

HARDIN, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

BORCHERTING Fun Home - HARDIN, Mo.

25. DATE RECD. BY LOCAL REG.

1-16-62

26. REGISTRAR'S SIGNATURE

Mr. Verber Calvert

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4678

P. O. Address Hardin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.